

PARISHIONER REGISTRATION

Church of Saint Joseph
12 W. Minnesota St.
St. Joseph, MN 56374
320-363-7505



Today's Date: _____

Street Address: _____

City, State: _____ Zip Code: _____

Mailing Address (if different): _____

Primary Phone: _____ (this number is used by parish committees)

Secondary Phones: _____

E-Mail Address 1: _____ E-Mail Address 2: _____

Preferred Title: ☐ Mr. & Mrs. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Head of Household

Adult 2

Last Name: _____

First Name: _____

Preferred Nickname: _____

Maiden Name: _____

Gender: ☐ Male ☐ Female

☐ Male ☐ Female

Birth Date: _____

Religion: _____

Disability/Special Needs: _____

Occupation: _____

Employer: _____

Work Phone: _____

Sacraments Received: ☐ Baptism
☐ First Communion
☐ Confirmation

☐ Baptism
☐ First Communion
☐ Confirmation

Marital Status:

☐ Single ☐ Engaged ☐ Widowed ☐ Separated ☐ Divorced

☐ Married Date: _____ Place: _____

1. Are you currently registered at another parish? If so, please inform that parish that you have registered with the Church of Saint Joseph.
2. Survey question: *(optional)*
What has prompted you to join the Church of Saint Joseph at this time? _____

ALSO REGISTER THE FOLLOWING CHILDREN:

	<u>Child 1</u>	<u>Child 2</u>	<u>Child 3</u>	<u>Child 4</u>
First Name:	_____	_____	_____	_____
Last Name:	_____	_____	_____	_____
Grade:	_____	_____	_____	_____
Nickname:	_____	_____	_____	_____
Gender:	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
Birth Date:	_____	_____	_____	_____
Religion:	_____	_____	_____	_____
Disability	_____	_____	_____	_____
Sacraments:	☐ Baptism	☐ Baptism	☐ Baptism	☐ Baptism
	☐ First Communion	☐ First Communion	☐ First Communion	☐ First Communion
	☐ Confirmation	☐ Confirmation	☐ Confirmation	☐ Confirmation
				

FOR OFFICE USE ONLY

Envelope # _____

☐ PDS
 ☐ fund 1
 ☐ MC
 ☐ OSV
 ☐ Census
☐ Email
☐ bulletin
☐ card